

Date: _____

The following undersigned residents of the area support the following liquor license (indicate the type of license such as full-liquor or beer-wine) FULL LIQUOR

to the following applicant/establishment (company and/or trade name) BELLA LES LLC
DBA: BELLA

Address of premises: 187 ORCHARD ST.

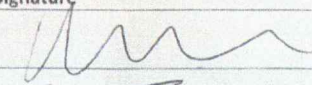
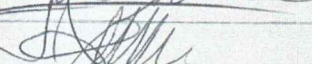
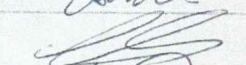
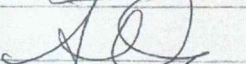
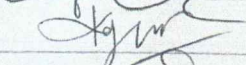
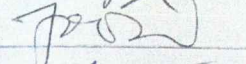
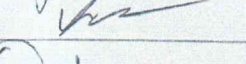
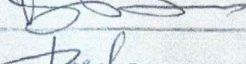
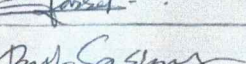
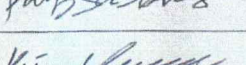
This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be:

11am - 12am 7 DAYS A WEEK ROOFTERRACE 11am - 10pm 7 DAYS A WEEK

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-blocks on the same street.

Other information regarding the license:

Name	Signature	Address and Apt # (required)
Dialogue		188 Allen St.
Sese		1017A 172 Allen St
Mohamed		182 Allen St
Jairo Miranda		150 Allen St
Ardina Colman		188 Allen St
Rose F. Arriagada		199 Orchard St.
Aimee Quinones		193 Orchard St.
Kyaw Min Oo		191 Orchard St.
Jasmine Mahajan		199 Orchard St.
Yu Too Grass		200 Allen St
Dehnd Aliem		200 Allen St #4R
DEVILS OACERES		173 AVE C
Ramel Hossain		56 Stanton
Ruby Sansbury		188 Allen St.
Kisa Iacona		175 E Houston St